

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center; font-weight: bold;">10/593687</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5		1					55						
6	1						56						
7		1					57						
8	1						58						
9		1					59						
10		6					60						
11		6					61						
12	1						62						
13		1					63						
14	1						64						
15		1					65						
16	1						66						
17		1					67						
18		6					68						
19		6					69						
20	1						70						
21	1						71						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12	↓	0	↓	0	↓	TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	30	←	0	←	0	←	TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	42		0		0		TOTAL CLAIMS	0		0		0	

PTO - 1360 (REV. 04/2007)

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